

REQUEST TO PROHIBIT A STUDENT FROM CHECKING OUT
SPECIFIC LIBRARY MATERIALS

Request to prohibit a student from checking out certain library materials to be submitted to the superintendent. Please complete one form per student.

REQUEST INITIATED BY _____ DATE _____

Name _____

Address _____

City/State _____ Zip Code _____ Telephone _____

Name of affected Student _____

Requester's Relationship to Student (must be parent/legal guardian) _____

BOOK OR OTHER PRINTED MATERIAL TO PROHIBIT STUDENT FROM CHECKING OUT:

Author _____ Hardcover _____ Paperback _____ Other _____

Title _____

Publisher (if known) _____

Date of Publication _____

MULTIMEDIA MATERIAL TO PROHIBIT STUDENT FROM CHECKING OUT:

Title _____

Producer (if known) _____

Type of material (filmstrip, motion picture, etc.) _____

_____ Dated

_____ Signature